IPDR6702				NORTH CAROLINA	1	PAGE:	1	
RUN DATE:	04/10/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 04/12/2005				
			Ci	FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		or or	4007					
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	4997	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	H/DD/SAS			NI DODGII				
		11	251	CLIENT NOT ELIGIBLE ON SERVICE DATE	C	5295	6822	1527
				DATE				
		8800	47	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8505	2009	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		11	661	CLIENT NOT ELIGIBLE ON SERVICE	23	3339	4717	1378
		1		DATE				
	+	1						
		8599	294	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		U	U		C	0	0	0
3404910	PATHWAYS	8505	1159	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8329	231	CLAIM DENIED ATTENDING PROVIDE	-	2006	6552	4546
				R CANNOT BE THE SAME AS				
				THE LMA				
		8800	205	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912		8599	340	DETAIL NOT COVERED BY COMBINAT				
2404312	CATAWBA COUNTYM ENTAL HEALT	6599	340	ION OF RECIPIENT, PROVIDER AND				
	ENIAL REALI			BENEFIT PACKAGE.				
		8931	236	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	295	839	2628	1789
				RVICES IN IFRS.				
		191	75	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				1
		1		+				
3404913	MECKLENBURG COM	21	20422	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
	+	1						
		8329	9109	CLAIM DENIED ATTENDING PROVIDE	2814	38854	47123	8269
				R CANNOT BE THE SAME AS				
-		1		THE LMA				
	+	8599	2245	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404017		9505	616	CLAIM DENTED DIE TO INCHESTORE				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	616	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	+	<del> </del>		
	VIORAL HEAL							
		21	132	DUPLICATE OF CLAIM-SYSTEM	C	934	3223	2289
					+	<del> </del>		
		1						
		8599	59	DETAIL NOT COVERED BY COMBINAT				
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917		11	1180	CLIENT NOT ELIGIBLE ON SERVICE				-
	CENTERPOINT HUM AN SERVICES	-		DATE				+
	AN SERVICES							
		8599	1094	DETAIL NOT COVERED BY COMBINAT	1277	6068	12413	6345
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	960	AMTNC INELIGIBLE TO RECEIVE SE				-
				RVICES IN IPRS.				+
								1
3404918	ROCKINGHAM CO M	8505	418	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	89	DETAIL NOT COVERED BY COMBINAT	72	625	2001	1376
				ION OF RECIPIENT, PROVIDER AND	12	623	2001	13/6
				BENEFIT PACKAGE.				
		8935	61	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
		1						<u> </u>
3404919	-	8505	925	CLAIM DENIED DUE TO INSUFFICIE				<u> </u>
2104313	GUILFORD CO MEN	0.00	222	NT BUDGET				1
	TAL HEALTHC							-
		1		1				1
		21	474	DUPLICATE OF CLAIM-SYSTEM	47	1849	5816	3967
		8599	318	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
				MANUEL A LINGUIGE.				-
3404920	ALAMANCE CASWEL	8599	446	DETAIL NOT COVERED BY COMBINAT				+
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	112	CLAIM DENIED DUE TO INSUFFICIE	23	706	3233	2527
				NT BUDGET				
		537	32	PROCEDURE IS NOT COVERED FOR T				-
				HIS DATE OF SERVICE				-
3404921	ORANGE PERSON C	8505	1013	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5312	992	PRIOR AUTHORIZED DOLLARS EXCEE DED	33	3261	5796	2535
				DED				-
								-
		8800	746	FURTHER PROCESSING NECESSARY,				<del>                                     </del>
				PLEASE CHECK FOR CLAIM ON				1
		<u> </u>		FUTURE RA'S.				
3404922	THE DURHAM CENT	8599	1119	DETAIL NOT COVERED BY COMBINAT				
	ER	1		ION OF RECIPIENT, PROVIDER AND				<del>                                     </del>
		1		BENEFIT PACKAGE.				₽
		11	904	CLIENT NOT ELIGIBLE ON SERVICE	_	0/	0000	
		+	F	DATE	6	2474	8888	6414
		+						†
		1						
		191	121	CLIENT ID NUMBER DOES NOT MATC				
_				H PATIENT NAME				
2404002		0000	2.4	PURPOSED PROGRAMMA MEGRACION				<del>                                     </del>
3404923	VGFW AREA AUTHO	8800	34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				₽
	RITY	+		FLEASE CHECK FOR CLAIM ON FUTURE RA'S.				1
		+						<del>                                     </del>
		11	30	CLIENT NOT ELIGIBLE ON SERVICE	n	154	2039	1883
		1		DATE		254	2009	1000
		1						
		<u> </u>						
		8505	27	CLAIM DENIED DUE TO INSUFFICIE				
	1		1	NT BUDGET		l		1

							TOTAL	TOTAL
PROVIDER NUMBER	DROUTDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPIDEK	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	1260	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	718	DETAIL NOT COVERED BY COMBINAT	203	3108	9810	6702
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		11	217	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	8505	3605	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	3268	CLIENT NOT ELIGIBLE ON SERVICE				
		11	3200	DATE	124	7503	14452	6949
		143	186	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404927	CUMBERLAND CO M	8505	1466	CLAIM DENIED DUE TO INSUFFICIE				
	HC	1		NT BUDGET	ļ		ļ	
	+	1	1		1		1	
		8800	235	FURTHER PROCESSING NECESSARY,		0.5.5	45	05.55
				PLEASE CHECK FOR CLAIM ON	14	2000	4525	2525
		1		FUTURE RA'S.	<del>                                     </del>		<del>                                     </del>	
		8599	187	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	21	136	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8599	62	DETAIL NOT COVERED BY COMBINAT		202	4010	2000
		0333	02	ION OF RECIPIENT, PROVIDER AND	0	323	4219	3896
				BENEFIT PACKAGE.				
		8329	38	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8505	215	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8800	23	FURTHER PROCESSING NECESSARY,	0	241	301	60
				PLEASE CHECK FOR CLAIM ON		241	301	00
				FUTURE RA'S.				
		11	3	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404931	WAKE CO HUM SVC	11	1749	CLIENT NOT ELIGIBLE ON SERVICE	ļ		ļ	
	BILLING OF	1		DATE	1	1	1	
		+			<del>                                     </del>		<del>                                     </del>	<b> </b>
		8599	478	DETAIL NOT COVERED BY COMBINAT	200	2/1/	10077	7451
				ION OF RECIPIENT, PROVIDER AND	269	3426	10877	7451
	1	1		BENEFIT PACKAGE.			1	
							1	
		21	470	DUPLICATE OF CLAIM-SYSTEM				
		21	470	DUPLICATE OF CLAIM-SYSTEM				
		21	470	DUPLICATE OF CLAIM-SYSTEM				
2404022		21	470					
3404932	RANDOLPH/SANDHI	21	470	DUPLICATE OF CLAIM-SYSTEM  *** NO DATA TO REPORT ***				
3404932	RANDOLPH/SANDHI LLS CO MH C	21	470					
3404932		21	470					
3404932		0	0			0	0	0
3404932		21 0 0	0		0	0	0	0
3404932		0	0		0	0	0	0
3404932		0	0 0 893	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***	0	0	0	0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE	0			0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE	0			0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE	0			0
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE	0			5194
	LLS CO MH C	0 0 11 11 8505	0 0 893	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0			5194
	LLS CO MH C	0	0	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED DUE TO INSUFFICIE	0			0
	LLS CO MH C	0 0 11 11 8505	0 0 893	*** NO DATA TO REPORT ***  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  60 RESIDENTIAL LEVEL III TREAT	30			5194

			1				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	·							
3404934	ONSLOW COUNTY B	11	120	CLIENT NOT ELIGIBLE ON SERVICE				
	EHAVIORAL H			DATE				
		8599	62	DETAIL NOT COVERED BY COMBINAT	4	275	1380	1105
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	28	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404935	WAYNE CO MENTAL	0	U	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		U	U		0	0	0	0
2404026		0505	0.55					
3404936	WILSON-GREENE M	8505	255	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		0.001	42	CO DECEMBER VIEW TIT BODA				
	-	8621	47	60 RESIDENTIAL LEVEL III TREAT	27	365	3174	2809
	1		1	MENT RECEIVED, PA IS REQUIRED	-	-		
	-		-	FOR ADDITIONAL SERVICE.		-		
	1	8931	22	AMTNC INELIGIBLE TO RECEIVE SE	<b>—</b>	-		
	+	8931			1	+		
	1	ļ	1	RVICES IN IPRS.	<b></b>	<b></b>		
	1	1	1			1		
2404022	1	0505	700	CLAIM DENTED DUE TO TAGE	<b></b>	<b></b>		
3404937	EDGECOMBE NASH	8505	798	CLAIM DENIED DUE TO INSUFFICIE		1		
	MNTL HLTH C	1	<b></b>	NT BUDGET	ļ	ļ		
		0.4	5.0					
		21	58	DUPLICATE OF CLAIM-SYSTEM	1	890	2861	1971
		2222						
		8800	11	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404020		21	329	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS	21	329	DOPLICATE OF CLAIM-SISTEM				
	TONE COUNSE							
		1.1	2.2	OTTENS NOW STICIPLE ON ORDITOR				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE	9	393	3798	3405
				DATE				
		24	20	PROGRAMME CODE PROGRAMME /MODI				
		24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
2404020		0.1	402					
3404939	NEUSE MENTAL HE	21	402	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
	+	1	+		1	+		
	+	5404	0.6	CEUEDE DUDITORE, CAME AMED DO	1	+		
	1	5404	86	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD	1	770	2767	1997
	+	-	<del>                                     </del>	01/1 CODE/ 103/ DO3/ PROD	<del>                                     </del>	<del>                                     </del>		
	+	-	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>		
	+	8518	65	CLAIM DENIED, SUBMITTED BEYOND				
	+		1	FILING TIMELIMIT. MAY AND	<del> </del>	<b>+</b>		
	+			JUNE DOS MUST BE SUBMITTED BY				
	+							
3404941	PITT CO MH/DD/S	8599	577	DETAIL NOT COVERED BY COMBINAT	<del>                                     </del>	+		
			+ -	ION OF RECIPIENT, PROVIDER AND	<del>                                     </del>	+		
			I		I	1		
	AS CENTER			BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8329	261		_			
		8329	261	CLAIM DENIED ATTENDING PROVIDE	272	1622	6792	5170
		8329	261	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	272	1622	6792	5170
		8329	261	CLAIM DENIED ATTENDING PROVIDE	272	1622	6792	5170
				CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA	272	1622	6792	5170
		8329	261	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA ASTNC INELIGIBLE TO RECEIVE SE	272	1622	6792	5170
				CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA	272	1622	6792	5170
				CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA ASTNC INELIGIBLE TO RECEIVE SE	272	1622	6792	5170
3404942	AS CENTER			CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA ASTNC INELIGIBLE TO RECEIVE SE	272	1622	6792	5170
3404942	AS CENTER  ROANOKE CHOWANH	8935		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT	272	1622	6792	5170
3404942	AS CENTER	8935		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	272	1622	6792	5170
3404942	AS CENTER  ROANOKE CHOWANH	8935		CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT	272	1622	6792	5170
3404942	AS CENTER  ROANOKE CHOWANH	8935		CAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	AS CENTER  ROANOKE CHOWANH	8935	253	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	272		6792	
3404942	AS CENTER  ROANOKE CHOWANH	8935	253	CAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	AS CENTER  ROANOKE CHOWANH	8935	253	CAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	AS CENTER  ROANOKE CHOWANH	8935 8599 21	253	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404942	AS CENTER  ROANOKE CHOWANH	8935	253 55 36	CAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				1521
3404942	AS CENTER  ROANOKE CHOWANH	8935 8599 21	253 55 36	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED, ATTENDING PROVID				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	155	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		21	100	DUPLICATE OF CLAIM-SYSTEM	82	565	4045	3189
						303	1013	3103
		191	81	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944		8505	108	CLAIM DENIED DUE TO INSUFFICIE				
3101311	EASTPOINTE HUMA	0303	100	NT BUDGET				
	N SERVICES	_	-	202021				
		_	1		+			
		8599	68	DETAIL NOT COVERED BY COMBINAT				
		0399	0.0		82	287	3469	3182
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	23	6	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT			L				
		0	0		0	6	6	0
3404957	TIDELAND MENTAL	537	432	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
		8931	234	AMTNC INELIGIBLE TO RECEIVE SE	434	1090	4842	3752
				RVICES IN IPRS.				
		8599	117	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
			+	BENEFIT PACKAGE.	+			
			+		+			
3404979	NEW RIVER AREAM	8505	1095	CLAIM DENIED DUE TO INSUFFICIE	+			
	H/DD/SA PRO	-	1	NT BUDGET	+			
	n/DD/SA PRO	+	1		+			
		+	+		+			
		8800	440	FURTHER PROCESSING NECESSARY,				
		0000	440	PLEASE CHECK FOR CLAIM ON	19	2015	2715	700
				FUTURE RA'S.				
				FUTURE RA'S.				
			1					
		11	437	CLIENT NOT ELIGIBLE ON SERVICE				
	1			DATE		1		